

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR
SENIOR MEDICAL TRANSCRIBER**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Senior Medical Transcriber with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the hiring process your phone numbers are required*****

Home/Cellular Phone Number: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

Mailing Instructions:

Mail your completed Supplemental Application, along with a Standard State Application Form (Std. 678) to any of the locations listed on the Examination Bulletin. You may download a copy of the Examination Bulletin, the Supplemental Application and the Standard State Application from the Department of Corrections and Rehabilitation website at www.cdcr.ca.gov or from the State Personnel Board website at www.spb.ca.gov.

**SENIOR MEDICAL TRANSCRIBER
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

EXPERIENCE

Either I

In the California state service, one year of experience performing the duties of a Medical Transcriber.

Or II

Three years of experience in typing and clerical work, at least two years of which shall have been in work of a medical nature requiring the transcription of dictation from a dictating machine on medical matters and the preparation of a wide variety of medical records, reports, histories, case summaries, physical examinations, autopsy protocols, clinical notes, correspondence and special forms.

Under pattern II, academic education above the twelfth grade may be substituted for the year of required general experience on the basis of either (a) one year of general education being equivalent to three months of experience; or (b) one year of a business or commercial nature being equivalent to six months of experience.

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities and/or parole outpatient clinics in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to abide by and adhere to the institutional safety and security policies and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to abide by and adhere to the institutional clinic dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to work professionally with individuals from a wide range of cultural backgrounds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to work with exacting and meticulous guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION, CERTIFICATIONS, AND EXPERIENCE

Please indicate if you have any of the following experience and/or education.

9. Advanced keyboarding skills.	<input type="checkbox"/>
10. Medical Transcriptionist Certificate.	<input type="checkbox"/>
11. Training and experience using strong medical terminology, anatomy, physiology, disease processes, signs and symptoms, medication and laboratory values.	<input type="checkbox"/>
12. Certificate from an accredited Business or Career Trade School.	<input type="checkbox"/>

SENIOR MEDICAL TRANSCRIBER SUPPLEMENTAL APPLICATION

Name: _____

EXPERIENCE	FREQUENCY				LEVEL OF SKILL				
	Performed this task in the Last 24 months		Weekly	Monthly	Annually		Not performed	Performed task for 2-3 years	Performed task as a Medical Transcriber for 3 years or more.
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #13-29, indicate: Frequency: <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 									
13. Attend training courses in order to maintain and enhance professional skills.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Transcribe a variety of difficult medical correspondence, records and reports.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Utilize dictating machines, such as Lanier or Dictaphone, computers, medical dictionaries, or drug indexes.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Deliver preliminary reports to the dictator for first review, editing and/or signature by staff physicians and clinicians.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Retype and return any revised or corrected transcribed documents to staff physicians and clinicians for final review and signature.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Review typed reports to ensure accuracy such as spelling, punctuation, sentence structure and appropriate format.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Use medical dictionaries drug indexes and personal experiences to translate medical acronyms.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Compile a complete and accurate Unit Health Record (UHR) for patient care utilizing knowledge of medical terminology, anatomy, physiology, pharmacology/psychiatry and medical dictionary.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Maintain records and logs of transcribed documents (e.g. dates of dictation/transcription, type of report, patient number, dictator and transcriptionist identification, etc.).	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Train other transcriptionists in the operation of transcribing equipment.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Assemble, files, and maintains correspondence and reports for patient healthcare history.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Produce a patient's chronological comprehensive health care history file.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SENIOR MEDICAL TRANSCRIBER SUPPLEMENTAL APPLICATION

Name: _____

EXPERIENCE, Continued	FREQUENCY				LEVEL OF SKILL				
Note to Applicant: Please read instructions carefully. Under "Work Experience," for items #13-29, indicate: Frequency: <ul style="list-style-type: none"> If you have performed this task within the last 24 months; <u>and</u> How often you perform this task (e.g. select one box from "weekly" "monthly" and "annually" column) Level of Skill: <ul style="list-style-type: none"> Indicate the level of skill that you have in performing this task (e.g., select one box from the "level of skill" column) 	Performed this task in the Last 24 months		Weekly	Monthly	Annually		Not performed	Performed task for 3 years	Performed task as a Medical Transcriber for 1 – 2 years
25. Operate copy/fax machines and other communication equipment.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Perform secretarial duties such as transcription of meeting minutes, distribute mail, order supplies and type physician correspondence.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Receive, direct and route phone calls, visitors, messages, documents etc.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Act as a lead to Medical Transcribers and to other office support staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Prepare case summaries, autopsy protocols, clinical notes and other special forms.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SENIOR MEDICAL TRANSCRIBER
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Reprea, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Reprea, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Tracy, San Joaquin County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION – If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center

**SENIOR MEDICAL TRANSCRIBER
SUPPLEMENTAL APPLICATION**

Name: _____

RECRUITMENT QUESTIONNAIRE

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT SENIOR MEDICAL TRANSCRIBER EXAMINATION?

Check the box that best describes how you found out about the Senior Medical Transcriber Examination?

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other